Approved for use through 7/31/2008, CMB 065)-0052

PATEN	T APPLICATION	no persons ere	required to respon	ad to a collection of	niomation un	ESS E CEN	DEPARTMENT (OF COMMERCE
VAI EN	T APPLICATION	JN FEE DE	TERMINATI	ON RECORD	•	Applica	tion or Doctor N	umber
Substitute for Form PTO-875						1/12,	1804	426
C	LAIMS AS FILE (Cotumn 1)					•	OTHE	R THAN
for			(Column 2)	SMALL	ENTITY	_ OR		ENTITY
BASIC FEE	MARKERFILE	D NO.	MBER EXTRA	RATE	FEE	1	RATE	-
COTAL CLAIMS	4.		•		1	1	2	THE THE
(37 CFR 1.15(c))	9 minus	20		1	 	OR .	Kase	120
UNDEPENDENT CLAMS (37 CFR 1.15(b))	ntous.			┤ ├ ───	 	OR	xitX -	<u> </u>
MULTIPLE DEPENDENT C		(37 CFR 1.18(6)	-}-	<u> ~ : </u>	 	OR	x = ×10	258
	+8		OR	+,290	1			
* If the difference in column 1 is tess than zoro, enter 'V' in column 2.				TOTAL		OR.	*****	01,0281
CLAIM			, wi	TOTAL	811-981			
•	61	C C		•				•
	ZAINS	Annual X	(Cetumn 3)	SMALL	ENTITY	QR	OTHER	THAN
~! De	MADENG AFTER	HIGHEST NUMBER	PRESENT	RATE	ADDs.	1 1	· SMALL	ENTITY
Z	NDMENT	PREVIOUS.	YEXTRA		TIONAL		RATE	ADDI- TIONAL
O O CONTRACTOR	Minus	20	-(FEE			FEE
Total Or or or uses AME AME AME AME AME AME AME AM	/ Minus	* 3.	-	X8_G		OR	X&_=	
RRST PRESENTATION	Of Min the suppose			X		OR:	28	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,18(d))						VQR	· ·	
1-1-1-11				TOTAL ADDL FEE		OR	TOTAL · ·	$\overline{}$
	(Frank)	(Cotume 2)	(Cohmen 3)			<u> </u>	ADDL FEE	—
	AMS AMNG	HIGHEST MUMBER	PRESENT			Ė		
TIL AME	FTER COMENT	PREVIOUSLY	EXTRA.	RATE	ADOI- TIONAL		RATE	ADDI-
Total Corners	Maus	PADFOR	 		FEE	-		TIONAL, FEE
Total Grafit Lines Kindependent Grafit Lines	Minus	<u></u>	 ./-	ו		OR .	K 8=	
				× 4		OR 2	· •	
FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.1860)				<u> </u>		OR .		
715100	•	•		TOTAL ADO'L FEE		_ 1	OTAL	
(Cotte		(Column 2)	(Column 3)				LOOT FEE	
RFM	UMS UNING	HIGHEST	PRESENT			_	·	
AFT		PAID FOR	EXTRA	· RATE ·	ADDI- TIONAL		RATE	ADOI- TIONAL
Total CHANCE CO.	Minus	-77	-/-	1 3K	FEE /	L/	SAL	FEE
Total programment of the program	Miraus	5-2°	-/-	***	<u>-/-</u>	OR 1	WAL.	
FIRST PRESENTATION OF	×14.	/	or j		/:			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR (1947)								
• If the enter in only		•		ADOL FEE		OR A	OTAL OOL FEE	
"If the "Highest Number Previously Peid For" (N THIS SPACE is less than 20 and a 20								
The Trichest Number Desidents in the Control of the								
collection of information is required by 37 CFR 1.15. The information is required by 37 CFR 1.15. The information is								

USPTO to process; an application. Confidentiality is governed by 37 CFR 1.16. The information is required to obtain or retain a beneale by the public which is to tile (and by the including gethering, preparing, and submitting the completed application from the USPTO. Three will vary depending upon the included to take 12 minutes to complete, and manual of time you require to complete this form and/or suggestions for reducing this burder, should be sent to the Chief Information Officer, U.S. Patient ADDRESS, BEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS